

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

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| In the Matter of |) | |
| |) | |
| Amendment of Parts 90 of the Commission's |) | WT Docket No. 01-146 |
| Rules and Policies for Applications and |) | |
| Licensing of Low Power Operations in the |) | |
| Private Land Mobile Radio 450–470 MHz Band |) | |

REPLY COMMENTS OF PHILIPS MEDICAL SYSTEMS

The Philips Medical Systems division of Philips Electronics North America Corp. (“Philips”), pursuant to Section 1.415 of the Commission’s Rules, hereby files its reply comments on the *Notice of Proposed Rule Making*, released July 24, 2001, FCC 01-199 (“NPRM”) in the above-captioned proceeding, in which the Commission seeks comment on the proposals of the Land Mobile Communications Council (“LMCC”) concerning low power operation in the Private Land Mobile Radio (“PLMR”) 450–470 MHz band (“Low Power Plan”).

Philips’ comments in this proceeding supported the Commission’s proposal to delay licensing under the Low Power Plan of the ten Group C channels currently used by medical telemetry in the 460–470 MHz band (“Ten Channels”) until the end of the freeze established by the Commission.¹ The delay is important to ensure the completion of a safe and orderly transition of medical telemetry systems to the new Wireless Medical Telemetry Service (“WMTS”) bands.

¹ Freeze on the Filing of High Power Applications for 12.5 kHz Offset Channels in the 450–470 MHz Band, *Public Notice*, 10 FCC Rcd 9995 (1995).

In their comments, LMCC and the Personal Communications Industry Association (“PCIA”) state that there is no need for any delay in licensing of the Ten Channels under the Low Power Plan because “the possibility of interference from low power radios to medical telemetry devices would not increase.”² Philips strongly disagrees with these comments. Although the Low Power Plan would not authorize an increase in power for individual transmitters operating on these channels, there would be increased interference to medical telemetry receivers because: (1) PLMR industry leaders expect an increase in the number of licensees operating on these channels under the Low Power Plan; and (2) the proposed itinerant and non-coordinated licenses would make it difficult for a hospital to select channels unlikely to be used by new licensees in its vicinity.

In suggesting that there would be little impact on medical telemetry from allowing the immediate licensing of the Ten Channels under the Low Power Plan, LMCC and PCIA fail to consider the expected increase in the number of licensees operating on these channels resulting from their new non-coordinated and itinerant status. By contrast, Motorola commented that there is a strong market for non-coordinated, itinerant Group C licenses and that these licenses are urgently needed.³ Because even a mobile 2-W transmitter⁴ operating more than a mile from a hospital can prevent reception of vital cardiac patient parameters, the probability of interference depends in large part in the number of transmitters operating in the general vicinity of the hospital.

Secondly, unlike geographically coordinated low-power licenses that have historically been available on the Ten Channels, interference from itinerant Group C licensees would be very difficult for hospitals to plan for. Hospitals that consistently experience interference on one

² Comments of LMCC § III.D; Comments of PCIA, at 5.

³ Comments of Motorola, at 6. Motorola also commented that the temporary exclusion of the Ten Channels would be acceptable, given the availability of other Group C channels. *Id.* at 7.

⁴ Both LMCC and PCIA have recommended that the proposed power limit of 2 W TPO be increased to 5 W TPO or 6 W ERP. Comments of LMCC § III.D; Comments of PCIA, at 5.

channel from a local coordinated licensee can change to another channel, if one is available. But, as the Commission has indicated, it would be difficult, if not impossible, for users like hospitals to do this in an itinerant service.⁵ This is true even if the itinerant licensees operated within the scope of their licenses, but as LMCC, PCIA and Motorola variously note, users of similar “color dot” channels often lack discipline and are likely to “migrate” to channels for which they are not licensed.⁶

Because hospitals have been unable to migrate from the 460–470 MHz band as quickly as had been hoped, there is a further increased risk of interference to telemetry if the Ten Channels are licensed for non-coordinated, itinerant use without a significant delay. The ongoing reallocation rulemaking for the 1427–1435 MHz bands makes it difficult for hospitals to select and purchase systems for migration to the upper WMTS bands.⁷ Medical telemetry transmitters operate at very low power,⁸ and without a clear understanding of the types of other licensees in these bands, as well as in neighboring bands, telemetry manufacturers and hospitals cannot have confidence that a new telemetry system will meet the needs of their patient population.⁹ Consequently, development and purchasing decisions are being pushed out in time.

⁵ NPRM ¶ 24

⁶ See Comments of Motorola, at 7; Comments of PCIA, at 5; Comments of LMCC § III.D. This problem would be so pervasive under the Low Power Plan that “LMCC is adamant that the Commission adopt LMCC’s proposal . . . to require radios manufactured for the Group C frequencies to be capable of operation on only the Group C frequencies, and other “color dot” frequencies.” *Id.* (emphasis in original); see also Comments of PCIA, at 5.

⁷ See Reallocation of the 216–220 MHz, 1390–1395 MHz, 1429–1432 MHz, 1432–1435, 1670–1675 MHz Government Transfer Bands, ET Docket No. 00-221, *Notice of Proposed Rulemaking*, FCC 00-395 (released Nov. 20, 2000).

⁸ See, e.g., 47 C.F.R. § 95.1115(a).

⁹ See also Comments of Spacelabs Medical, Inc., at 2–3.

CONCLUSION

Hospitals are already facing a challenging transition in selecting and implementing replacement telemetry systems in the WMTS bands because of the cost and disruption of patient care, as well as the remaining uncertainty about the regulatory status of the WMTS allocation in the 1.4 GHz band.¹⁰ By proposing to delay the licensing of ten of the fifty Group C channels, the Commission has wisely chosen not to add to that burden.

Respectfully submitted,

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¹⁰ See Comments of Allina Health Systems, at 2–3; Comments of Spacelabs, at 2.